

This is your mailing label. It is required to send the certified copy to the address you specify.



NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____



VITAL RECORDS APPLICATION FORM

FOR OFFICE USE ONLY

☐ DEATH (28 00021)

☐ MARRIAGE (28 00039)

☐ DIVORCE (28 00047)

REFUND AMT \$ _____

☐ SIE 02K 04 21 03 X 3

001 04 41 28 X 8

☐ OP 001 04 41 28

☐ NR 02K 04 21 03 X 3

DOH 110-011 Front (Rev 7/97)

QTY _____ CERTIFIED COPY(IES) @ \$13 FOR EACH TEN-YEAR INDEX PERIOD SEARCHED

NAME ON RECORD _____
First Middle Last

SPOUSE _____
First Middle Last

DATE OF EVENT _____
Month Day Year (or 10 year period)

PLACE EVENT FILED _____

REQUESTOR'S NAME AND ADDRESS REQUIRED

NAME _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAKE CHECK/MONEY ORDER PAYABLE TO DEPARTMENT OF HEALTH

State of Washington
Department of Health

Send this completed application and the \$13 per certified copy fee to:

DEPARTMENT OF HEALTH
CENTER FOR HEALTH STATISTICS
PO BOX 9709
OLYMPIA WA 98507-9709

(360) 753-5936

INSTRUCTIONS

1. Please print clearly. Incomplete applications will be returned without processing.
2. Washington State began filing death records July 1, 1907, and marriage and divorce records January 1, 1968. Prior to these dates the record was filed only in the county of event.
3. If a matching record is found, a certified copy will be sent to the address on the mailing label. If no record is found, a letter will be sent to that address.
4. Effective April 23, 1990, the Department of Health will refund monies in excess of \$5 only. A refund for a lesser amount must be requested in writing within one year of payment.